

Tobias Smollett consults a French physician in 1763

J M Forrester MA BM FRCPEd

J R Soc Med 1999;92:258–263

The abrasive novelist Tobias Smollett set off with his wife across the Channel to France for the good of his health in June 1763. Born in the west of Scotland in 1721, he was now 42 years old. He had gained enough medical training at Glasgow during the years 1738–1739 to become a naval surgeon's mate in the West Indies in 1740–1741, returning from naval service to start medical practice in London. There, literature proved much more his *métier* than medicine, although he did later acquire a doctorate in medicine from the University of Aberdeen in 1750 in the hope of furthering his medical aspirations. He had great need of the trip across the Channel: his only child Elizabeth had died two months earlier, at the age of 15, and, as a biographer put it, he was 'broken in body and spirit'¹. He was seizing the first summer since the Seven Years' War had ended in February of that year and hostilities between Britain and France were over. By November he had reached Montpellier, the seat of a proud and long-established medical school. The arrival of the winter rains, even in that warmer climate, had aggravated his condition. It seemed wise to take the best local medical advice. He sought the opinion of Professor Antoine Fizes, who had held a chair there for 31 years.

Fizes was a Montpellier man, born there in 1690; after a short period of study in Paris he had returned to his birthplace and in time secured election to his chair. It was a chair in chemistry, and his biographer records that his early experiments were done at home and nearly led to injury. He could continue medical practice while occupying this chair, and built up such a reputation as a clinician that in the end he was appointed personal physician to the Duc d'Orléans at Paris—a position he took up but left quite quickly. About 1740, Jean Jacques Rousseau, suspecting himself to have a polyp of the heart³, set out to consult Fizes. On the way, successfully seduced by Mme de Larnage, he lost his symptoms almost entirely. He did consult Fizes, but little record of the interchange remains⁴.

Smollett was not optimistic, and wrote: 'This great lantern of medicine is become very rich and very insolent; and in proportion as his wealth increases, he is said to grow the more rapacious.' Later, after Fizes's death, his

biographer defended him, pointing out that he had left an estate of only 300 000 livres, while Boerhaave left two million. Smollett suspected that the great doctor's reputation might have been won by slovenliness, bluntness and lack of manners—qualities which he had 'known succeed in our own country'. Fizes's biographer admitted the reputation, but attributed it to a passion for the medical profession and for doing his duty. Face to face, Fizes and the irascible Smollett might have come to blows. But then Smollett did not intend to consult Fizes in person: he did it in writing. He included the tale afterwards in his *Travels Through France and Italy*,⁵ which a nettled rival renamed not inaptly as 'Quarrels through France and Italy'⁶.

Such consultations by correspondence seemed much more appropriate then than they are now⁷, and collections of them were published quite frequently. The personal encounter was less important in an age when there was little to be learnt by physical examination; Auenbrugger had described percussion of the chest two years earlier, but no one noticed for some 20 years after; Laennec of the stethoscope was not yet born. Normally the medical man in charge of the patient wrote to the consultant. But Smollett, being medically trained, could do this on his own behalf. So he submitted his own case to Fizes in unpretentious workaday medical Latin, which I translate as follows.

SMOLLETT TO FIZES

'Forty three years of age. Temperament moist, plump, full of mucus, very often overwhelmed by catarrhs. The catarrh always accompanied by fever, anxiety and shortness of breath. Irritation of the tracheal mucous membrane provokes first a dry husky cough, and then profuse spitting: the sputum is exactly like white of egg. As the fever comes on, the urine is pale and clear; as the fever flares to its height, the urine takes on a red [or] yellowish colour: when coction has been achieved, it deposits a sediment resembling brick dust. The appetite rarely fails: digestion rather sluggish but trouble-free, and not concluded without belching. Bowels usually constipated: very small amount of faeces, considering what has been eaten. Pulse fast, wavering, thin, even intermittent on occasion. When one fever is over, another always follows. The others start at once in the same way. The air slightly chillier, or moister,

wearing unusual clothing; exercise a little overdone; walking, horse-riding, being tossed about in some vehicle; all these things start up new disturbances. Nervous system highly irritable, and undergoes spasms. The open orifices in the skin which allow perspiration to emerge become closed. The dammed material piles up; it whirls round with blood and the other humours; a plethora develops. Nature objects to the suppression and sets about expelling this excess. A fresh fever is kindled. Part of the load is conveyed to the relaxed and weakened tracheal membrane. The swollen mucous glands press on the bronchi. The air is denied free passage, so that breathing gets hard. But through the transfer of the load the fever is abated: during the day it remits. However, the shortness of breath and the other genuinely hypochondriac symptoms refuse to depart. In the evening the fever is aggravated. Heat, restlessness, anxiety and asthma make their attack throughout the night. Thus things go on daily, till the life force gradually brings about a crisis. Ejaculation of semen, either in dreams or during intercourse, may also be reckoned among the causes of these troubles. Some years ago, the patient abruptly gave up the physical exercises of his youth and settled for a sedentary life. His mind turning to quite exacting studies, his fibres gradually grew slack. As he bent his body over reading and writing, trouble kept advancing into his chest. An inclination to the scurvy lent a hand to the inroads of the disease. The first onslaught was taken too lightly. Nothing was done to meet the enemy's approach. Putting matters off did not restore the position. The stomach kept revolting at the appropriate remedies. As the shortness of breath advanced, venesection was tried, without benefit. The loss of blood reduced the life force: the pulse kept getting weaker and the breathing harder. Everything is going downhill. Irregular fever changed to a perpetual low fever. The shortness of breath became established. The structure of the fibres broke up. Health was totally undermined.

'Driven by these torments, the invalid resorts to the sea: he plunges into the waves: the experiment was a success: there were ten repetitions, and sea bathing turned out happily. The fibres acquire a new springiness. The low fever is driven off. The severe shortness of breath vanishes. But the benefit gained on one side of things is lost on the other. The body surface being squeezed and shrunk by the coldness and weight of the sea water, the intervals between the fibres become closed up, there is no room for new bits of growth to restore abraded areas. The body's nutrition comes to grief, the original path for its exit being now closed: it readily makes its way into the weakened pulmonary membrane, and is expelled through the glands in sputum.

'While a wet winter reigns, the troubles return: still, when the weather was good, riding on horseback helped. In summer the disease was making hardly any progress. In autumn, with a further diminution of health, relief was

sought at Bath spa, and with success. The water there with its remarkable healing powers, used both internally and externally, relieved the sufferings. Another long, cold, horrible winter followed, yet turned out harmless. As spring began, a cruel mischance created dreadful storms in his feelings: his whole body and mind are in turmoil. He quits his native land, but gloom, anxiety, indignation and the direst memories accompany him. Previous enemies return with their long-established frenzy; the hectic fever came back: so did the asthma, with anxiety, cough, and a pain that pierced his side.

'Finally, in despair, he takes himself again to the sea, though unsure of its benefit. This bathing does good every time. The pain departs at once. The fever gave way on the third day. Immersion each morning, on fifty successive days, got the better of the nastier symptoms. But the mucous corruption persists, and the temperamental inclination to catarrh. The body wastes, and strength declines.'

THE ILLNESS

On this gloomy note his account of himself concludes. A curious temperament his, to be thus described as 'moist, plump, full of mucus, very often overwhelmed by catarrhs'. Is not one's temperament, in the language of the time, one's personal mixture of the four humours, so that we expect the notoriously irascible Smollett to describe his as splenetic, rich in the black bile that stems from the spleen? We use such phraseology still, inheriting it originally from Arabic medicine. But by Smollett's time it had been overlaid by other theories of bodily constitution.

Liquids and solids

Fernel (1497–1558) held that each solid part of the body was composed of its own mix of hot, cold, dry and wet; and an overall temperament might somehow be created out of the whole, through the agency either of fluids moving about in it or of the vital heat performing a sort of overall balance. George Ernest Stahl (1660–1734) thought that temperament was the mix of solid and liquid right for one's body, through which a correct content of liquids and solids was maintained. No wonder the puzzled dictionary-maker a few years before Smollett's journey wrote that 'not everyone has precisely set out the proper meaning of a temperament'⁸. Albrecht von Haller (1708–1777) was no longer persuaded that the four humours were normally present in blood at all. The yellow colouring matter of serum had always been thought to be 'bile', a bitter stuff, but he noted that serum was not bitter. 'Blood' had been taken as the red component—but was there really more of it in sanguine people? 'Black bile' he could not identify in blood at all. Further, the humoral mix present in flesh that was eaten

ought to affect the eater: carnivores ought to become tame and tractable through consuming and absorbing the mix of their timid prey, but obviously they did not. 'There is nothing sure in these temperaments,' he wrote⁹. Boerhaave (1668–1738) and William Cullen (1710–1790) resolutely sought to describe the recognizable features of different temperaments in terms of hair, colour of complexion and eyes, fatness or thinness, character of pulse, personality. But Cullen, who was a contemporary of Smollett at Glasgow, wrote: 'This part of medical doctrine is still in an embarrassed and undetermined state'¹⁰.

So Smollett is not thinking of the four humours as components of his own temperament; he is thinking of his own body composition as a balanced assembly of liquids and solids such as Stahl had believed in, and any surpluses overflowed¹¹ just as did the mucus and catarrhs which troubled him.

Fever

Smollett writes of fever as accompanying his catarrh. This fever did not require a raised body temperature, as it came to do in later centuries. He had no idea whether his body temperature was raised or not; it was measurable, but at this time no one thought the measurement helpful in dealing with disease. His evidence of fever would be his feeling of heat and probably a fast pulse¹². Could Smollett have been suffering from a recurrent fever such as malaria? Certainly; in 1742 he had visited Jamaica, and besides at this time malaria was endemic even in parts of England¹³. He mentions his non-purulent sputum, and evidently views it as evidence against tuberculosis; purulent sputum had long been recognized as a feature of pulmonary tuberculosis. Unimpressed by this reasoning, the consultant Fizes thought Smollett probably was tuberculous. Whether Fizes was right or not is an open question.

The picture Smollett paints of surplus material being unloaded in his urine (there were of course other routes too) as the fever proceeded seemed to the medical thought of the time to be confirmed by the deeper colour of the urine, and then by the deposit. Smollett refers to 'coction' enabling the urinary deposit to form. Originally for Hippocrates and Galen the word indicated physiological cooking—cooking of food constituents within the stomach and intestine for absorption, a second stage of cooking within the body to create blood and other body fluids, and a third process where cooking separated the excess body constituents from the healthy ones, enabling the excretion of the excesses as sputum, faeces, urine and so on. Thus the progress and outlook of the patient could be monitored by noting, for example, that the urine was 'well-cooked' early in the disease: for Galen this meant reddish yellow, free of blood and black bile, not too viscous and with a deposit

present on voiding or later (a good sign indicating that something in excess, now well-cooked, had left the body¹⁴). But by Smollett's time the lexicographer might well remark that 'everyone has his own idea' about coction (*Encyclopaedia Britannica* 1771 described it merely as a general term for all alterations made in bodies by fire or heat) and the traditional 'cooking' was giving way to real chemistry as a means of explanation. Haller, for instance, considered that a high reddish colour in the urine was the result of its residing longer in the bladder, with absorption of the more watery part; the colour was no longer visible evidence of an excess being excreted²⁵.

Smollett feels that the usual sweating during fever has failed him. Sweating too was supposed to take its part in the excretion of surplus constituents of the body which were responsible for the fever. No one had yet demonstrated sweat glands at this time. Sweat was thought to be sieved off from the blood in small arterial vessels in the skin, and this idea was supported by experiments in which water or fish glue was injected into the arteries after death; some evidently burst the containing vessels and emerged as little blisters in the skin¹⁵.

Bowels

We may readily believe Smollett when he describes his constipation and the small amount of faeces. There was probably very little fibre in his diet. The flesh-eating tradition in England and northern European countries was a long one, well recognized even in the fifteenth century¹⁶. Robert Burton in his *Anatomy of Melancholy* explained it a century and more before Smollett's journey: 'We want [i.e. lack] wine and oil, their two harvests [i.e. those of southern European countries], we dwell in a colder air, and for that cause must a little more liberally feed of flesh, as all northern countries do'¹⁷. In England all those who could afford it were 'prodigious meat eaters and consumed correspondingly small amounts of bread'. Even Smollett's bread was probably low in bran; by this time milling technology enabled the bran to be removed easily, and much more fine white wheaten flour was available than earlier. Some 10 years later than Smollett's trip, it began to occur to a few medical men that there were advantages in unrefined cereals. Vegetables and fruit, to judge from Smollett's novels, were available to country folk who had gardens, but figure little in the recorded banquet menus there¹⁸.

Constipation was no novelty to Albrecht von Haller (1708–1777), writing at about this time: 'I have so often heard these women complaining about the sluggishness of their bowels, and how it made them a prey to colicky pains, sudden feelings of heat in their blood, painful defecation with such effort that blood emerged, and in the end vaginal

prolapse, so that with all these troubles life was hardly worth living'⁹. And he knew that a vegetable diet produced more bulky and more watery faeces. Yet neither he nor Smollett apparently thought of using more vegetables in the diet for relief.

Hypochondria

For Smollett and his contemporaries, the 'hypochondriac symptoms' he mentions were not imaginary, as his own word 'genuinely' indicates. Hypochondriacal melancholy was one of the three varieties of excess of black bile, in which the excess was conceived as present in organs in the hypochondria (i.e. below the ribs)—spleen, portal venous system, liver, stomach. (The other two varieties were 'whole body melancholy' and 'head melancholy'.) The fear and sorrow which then as now characterize melancholy might or might not be present. But typical symptoms of hypochondriacal melancholy included 'sharp belchings, fulsome crudities, heat in the bowels, wind and rumbling in the guts, vehement gripings, pain in the belly and stomach sometimes after meat that is hard of concoction, much watering of the stomach, and moist spittle, cold sweat', with shortness of breath and sundry other possible symptoms¹⁹. Hypochondria was a very respectable 'disease of the learned' because, according to one theory, 'they stoop and squeeze the Belly against the Books, which hinders the free descent of the diaphragm, and hence the circulation of the humours'²⁰. Often regarded as a peculiarly English disease, it was amenable to medicines but also, imaginary disease or not, to suggestion; Smollett himself wrote of a doctor in his novel *The Adventures of Ferdinand Count Fathom* that 'as most of the patients were in some shape hypochondriac, the power of imagination co-operating with his remedies, often effected a cure'²¹. There was, however, no consensus; the lexicographer remarked some 20 years before Smollett's trip that melancholy was 'such a great pile of diverse symptoms, that some of them seem the opposite of others'⁸.

Smollett considers that ejaculation of semen could be 'reckoned among the causes of these troubles'. Current belief certainly reckoned that ejaculation of semen, especially in excess, could be very damaging. The line of thought is clearly set out by Haller: 'It [ejaculation] comes near to a convulsion, whence it wonderfully weakens the habit [i.e. the bodily constitution], and largely injures the whole nervous system'¹⁵. And Boerhaave wrote that excess 'creates weariness: weakness: immobility: convulsion: loss of weight: dryness: pain and heat in the meninges; dulling of the senses, especially of vision; tabes dorsalis; dementia; other similar diseases'²².

Smollett laments that his 'fibres' are slackening and breaking up. They were of key significance in the pathology

then current. Necropsy, together with the microscopy of the time, suggested that the solid parts of the body all consisted simply of fibres together with amorphous material; thus slackness of fibres impaired all the solid parts of the body¹⁵.

Scurvy

The 'inclination to the scurvy' which Smollett sees as adding to his troubles was at this time a vague menace, not yet clearly identified at all. The disease of sailors on long sea journeys, not apparently known to Graeco-Roman medicine, had been somehow amalgamated for more than a couple of centuries with a Galenic disorder of the spleen and excess of the melancholic humour—the pathology disputed, the symptoms protean, so that Thomas Sydenham had remarked a century before Smollett's journey that the two great subterfuges of ignorant physicians were malignity and the scurvy; 'if the long continuance of the distemper should wipe off this aspersion of malignity, whatever afterwards obstructs the cure must be the scurvy'²³. James Lind's *Treatise* was published in 1753 and did much to define the disease, but there is no reason to suppose that Smollett was aware of it²⁴.

Value of sea-bathing

In his enthusiasm for sea-bathing Smollett is, so to speak, surfing a wave growing in height during this epoch. Bathing in cold water had been endorsed at the beginning of the century by Sir John Floyer, who claimed that it was a custom always recognizable in England, but latterly in disuse. What Floyer had especially in mind, however, was not bathing in the sea; it was bathing at the cold baths he had established at Lichfield. There was something of a ritual about it, and it was of value, he wrote, for all manner of conditions, from 'Corns to Biting of Mad Dogs, Gonorrhoea, King's-Evil, Deafness, hot windy running Pains, Priapism, Quinsy, Ruptures, Tooth-ach etc.' The spring that fed his baths had been carefully selected: 'the Water at *Unite's* Well was the coldest in our Neighbourhood, and therefore the fittest for a Cold Bath.'

Then in mid century sea water was effectually recommended by Richard Russell, 'Sea-water Russell', who favoured its use for 'disease of the glands', a phrase of wide scope which covered 'Scurvy, Jaundice, King's Evil, Leprosy, and the Glandular Consumption'²⁵. He was in practice at Lewes near Brighton, and his normal advice was to drink the water, to take appropriate medicines from a wide range according to the patient's condition, and then, when benefit had begun, to complete the cure by a course of bathing in the sea. Enthusiasm for sea bathing continued to grow in Britain after Smollett's time; an indication is the

foundation of the Royal Seabathing Hospital at Margate in 1791.

Smollett explains what he gained from sea bathing. The waters at Bath had helped him too. He has mellowed about Bath and its spa. In 1752 he had published a short work pointedly criticizing both the organization at the spa and the state of the water in the baths²⁶.

FIZES TO SMOLLETT

Fizes's opinion, when it came, was a great disappointment to Smollett. It was not in the Latin that Smollett himself had used, still the common European language of medical discourse, but in French. Perhaps, thought Smollett, the professor could not read Latin. Indeed, almost certainly he could not. His biographer records that his father's *'touche fine et délicate'* with Latin did not pass to the son and at least one work of the professor had been translated into Latin previously by someone else of the same surname, probably a helpful relation with a command of the language. The opinion commented on numerous alleged omissions from Smollett's statement, such as his age—but Smollett had specified his age right at the start, and most of the other omissions were equally imaginary. Fizes expressed the view that Smollett was tuberculous, despite the contrary evidence already mentioned. He recommended an extremely detailed dietary regimen for instance, as Smollett wryly reported later, 'bouillons of Land Tortoise, for a fortnight, opiates at night, and then a course of Goat's milk'—and the bouillon was to be made from a chicken and from the flesh, blood, heart and liver of a tortoise of medium size, weighing '8 to 12 ounces with its shell'. There was much else besides about the dietary components, but no word about exercise or sea bathing, on which Smollett was clearly keen. No mention of the constipation, which is striking since (though Smollett could not know it) Fizes himself had been constipated since early youth when he had been accustomed to study ten hours a day, so that, as his biographer put it, 'his digestions became sluggish for the rest of his life'². The diet recommended in Fizes's advice to Smollett could hardly help: 'eat flesh meat every day, in soup... must abstain from beef, pork game, water-fowl, ragouts, fried meat... salads, raw fruit and other crudities... and victuals hard of digestion.' Worst of all, the opinion seemed to be a stock opinion, used by Fizes for all sorts of cases: Smollett met an Englishman at Nice who had received exactly the same words from Fizes.

Smollett felt his fee had been quite wasted. There had been a substantial fee: no question of gratuitous treatment for a colleague, even if Fizes had reckoned the Glasgow-trained surgeon as a colleague. The Hippocratic oath that was current at Montpellier in Fizes's time survives, and (like other versions of the oath) contains nothing about free

treatment for colleagues—only about free treatment for the indigent, and about teaching medicine to the children of one's own teachers²⁷. Abandoning Latin, Smollett indicated in French to Fizes the numerous points at which his case had been misunderstood or ignored. Nothing was achieved except the waste of a further fee. Fizes was already 73 years old, and would be dead 2 years later. Smollett's subsequent letters indicate that he paid no attention to Fizes's dietary advice, and continued to do himself well with plenty of meat and game, probably purging himself as he found necessary. And he certainly went on with sea bathing when he could; about three months later he wrote to his friend John Hunter that from a course of twenty days of it he had received 'such benefit as almost transcends Belief.'

Smollett had some 9 years to live, and one of the best of his novels, *Humphry Clinker*, was still to come (1771). He returned to Britain in 1765 from his French and Italian tour, and then travelled back to Italy in 1768, to die there in September 1771. Scant medical detail survives; he had in 1767 a remarkable ulcer from three inches above one wrist down to the ball of the thumb, and healed it himself with mercurial ointment over some months. The Italian doctor who attended him upon his deathbed noted colic, diarrhoea, convulsions and fever, and regarded him as asthmatic and consumptive¹.

Acknowledgments Professor G S Rousseau kindly assisted me with comments on a draft of this paper. Miss Jean Archibald of Special Collections, Edinburgh University Library, has been very helpful in gaining access to scarce material.

REFERENCES

- 1 Knapp LM. *Tobias Smollett: Doctor of Men and Manners*. Princeton, NJ: Princeton University Press, 1949
- 2 Estève LE. *La vie et les principes de M. Fizes, pour servir à l'Histoire de la Médecine de Montpellier*. Amsterdam: Abraham Ketelagher, 1765
- 3 Forrester JM. Postal diagnosis: breaking the bad news in the seventeenth century. *BMJ* 1995;311:1694–6
- 4 Rist E. Une consultation médicale au XVIII^e siècle. *Rev Paris* 1956;63:112–25
- 5 Smollett T. *Travels through France and Italy*. Felsenstein F, ed. Oxford: Oxford University Press, 1979
- 6 Thicknesse P. *Useful Hints to Those who make the tour of France, in a series of letters, written from that Kingdom*. London: for R. Davies, 1768: letter 1
- 7 Reiser SJ. *Medicine and the Reign of Technology*. Cambridge: Cambridge University Press, 1978
- 8 Castelli B. *Lexicon Medicum Graeco-Latinum*. Geneva: de Tournes Brothers, 1746
- 9 Von Haller A. *Elementa Physiologiae Corporis Humani*. Lausanne: Sigismund d'Arnay, 1760
- 10 Cullen W. Institutes of medicine, part 1: 'physiology'. In: Thomson J, ed. *Cullen's Works*. Edinburgh: Blackwood, 1827

- 11 Hall TS. *Ideas of Life and Matter: Studies in the History of General Physiology 600 BC–1900 AD*. Vol 1. Chicago: University of Chicago Press, 1969:191
- 12 Bynum WF. Cullen and the study of fevers in Britain, 1760–1820. In: Bynum WF, Nutton V, eds. *Theories of fever from antiquity to the enlightenment*. *Med History* 1981;1suppl:135–47
- 13 Bruce-Chwatt LJ, de Zulueta J. *The Rise and Fall of Malaria in Europe: a Historico-epidemiological Study*. Oxford: Oxford University Press, 1980:134
- 14 Kühn CG, ed. *Claudii Galeni Opera Omnia*. Vol 9. Leipzig: Cnobloch, 1821. 550 sqq, 594
- 15 Mihles S, translator. *Dr Haller's Physiology*, 2nd edn. London: G Robinson, 1772
- 16 Ellis H. ed. *Polydore Vergil's English History*. Vol. I: *Containing the First Eight Books, Comprising the Period prior to the Norman Conquest*. London: Camden Society, 1846:22
- 17 Burton R. *The Anatomy of Melancholy*. Ed, Holbrook Jackson. London: JM Dent, 1932
- 18 Drummond JC, Wilbraham A. *The Englishman's Food: a History of Five Centuries of English Diet*. Revised and with a new chapter by Dorothy Hollingsworth. London, 1957:212
- 19 Jackson SW. *Melancholia and Depression from Hippocratic Times to Modern Times*. New Haven and London: Yale University Press, 1986
- 20 de Mandeville B. *A Treatise of the Hypochondriack and Hysterick Passions, Vulgarly called the Hypo in Men and Vapours in Women*. London: Leach & Taylor, 1711:148–9
- 21 Smollett T. *The Adventures of Ferdinand Count Fathom*. Ed. Grant D. London: Oxford University Press, 1971:167
- 22 Boerhaave H. *Institutiones Medicae*. Venice: Laurentius Basilus, section 776
- 23 Stewart CP, Guthrie D. *Lind's Treatise on Scurvy*. Edinburgh: University Press, 1953:303–4
- 24 Floyer J. *The Ancient Ψυχρολουσία Revived: or an Essay to Prove Cold Bathing both Safe and Useful*. London: Sm Smith and Benj. Walford, 1702
- 25 Russel R. *Dissertation on the Use of Sea-water in the Diseases of the Glands*. 2nd edn. London: W Owen & R Goadby, 1753
- 26 Jones CE. An essay on the external use of water, by Tobias Smollett. *Bull Inst Hist Med* 1935;3:31–82
- 27 Petrequin JE. *Chirurgie d' Hippocrate*. Vol I. Paris: Imprimerie nationale, 1877:175 n 1



Carl Linnaeus

©Venita Jay

This month in history

Besides his revolutionary *Systema Naturae*, Carl Linnaeus (1707–1778) left his mark as a physician and explorer. On 12 May 1732, Linnaeus, just twenty-five, embarked on a historic expedition of Lapland, a pioneer effort sponsored by the Uppsala Academy of Sciences. Leaving Uppsala, he continued on foot and on horseback into uncharted territory, roaming about in cold, rain, ice, rocks, and mountains. His vivid account of the flora and fauna and the customs of the Lapps was accompanied by beautiful sketches. In mid-September Linnaeus was homeward bound and he arrived in Uppsala on 10 October. In 1737, he published his scientific results in *Flora Lapponica*. Some of Linnaeus' observations survive in a translation entitled *Lachesis Lapponica*, published in 1811. In 1935, during repairs to the house in the old Botanic Garden at Uppsala where Linnaeus had lived, the actual pocketbook which accompanied him to Lapland was recovered. Linnaeus' journey had proved longer than the anticipated 1600 miles.

Venita Jay